



DEAD CENTRE BOWHUNTERS INC.

An Affiliated Club of the Australian Bowhunters Association Inc.
PO Box 2701 Alice Springs NT 0871



APPLICATION FOR FULL MEMBERSHIP

NOTES

1. Full membership is due June 30 each year. Pro-rata rates are available for first-time applicants.
2. Fees: **Adult = \$80, Junior (U18) = \$50, Family = \$125** (immediate 'non-extended' family only)
3. Payment: Cheque, Cash (don't post), Bank Deposit BSB: 633-000, Acct: 1496 95322, Ref: (surname) DCB FULL

PERSON APPLYING

Name..... Date of birth.....
Residential Address
Postal Address (if different).....
Phone (H) (Wk) (Mob)
E-mail.....

ADDITIONAL FAMILY MEMBERS

Name..... Date of birth.....
Name..... Date of birth.....
Name..... Date of birth.....
Name..... Date of birth.....

NEXT OF KIN INFORMATION

Name.....
Address
Phone (H) (Wk) (Mob)
This person's relationship to you.....

MEDICAL INFORMATION

Do you have, or have you previously had, any of the following conditions?
Please circle "yes" or "no"; if "yes", please give details (use back of page if necessary).
I will advise the Coach of any changes to the following if and when they occur.

- Diabetes Yes / No
- Epilepsy Yes / No
- Pregnancy (current) Yes / No
- Unexplained loss of consciousness Yes / No
- Mental abnormalities resulting in behaviour not consistent with safe shooting procedures Yes / No
- Any injury or condition that could be adversely affected by participation in Archery Yes / No
- Any condition, which could result in loss of control of the bow and arrow, causing an unsafe situation to occur Yes / No

PAYMENT METHOD (Circle as appropriate)

Cash Cheque Bank Transfer

I/we hereby wish to make application to Dead Centre Bowhunters Inc for Full Membership, and if accepted, do undertake to conduct my membership in accordance with the Constitution and By-laws of Dead Centre Bowhunters Inc. Additionally, I/we acknowledge that Field Archery and Bowhunting are shooting sports conducted in the natural environment, which can impose inherent risk.

Consequently, on becoming a Member of Dead Centre Bowhunters Inc, I/we accept responsibility for any injury I/we may sustain in such circumstances and acknowledge and waive any right of action against The Australian Bowhunters Association Inc, its Members and Affiliated Clubs and absolve the Association, its Members and Affiliated Clubs from any liability in relation thereto.

I agree to photos being taken and used for Coaching/Publicity Yes / No

Signed Date.....
Parent/Guardian signature (if under 18) Date.....

Dead Centre Bowhunters Inc reserves the right to refuse, suspend, or terminate the membership, at any time, of any person whose conduct contravenes the Constitution or by-laws.

Accepted by Committee: (a) (b) Expiry date..... Receipt No.....
Paid ABA: DCB Badge issued: